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### **Constructing home-likeness: migrant caregivers and the politics of “activation” in public care provision in Finland**

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In

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## **Introduction**

This chapter brings together and compares two contemporary phenomena related to aging, home and transnationalism in the societies of the Global North. The first is the so-called

people. The second is the increasingly global search for care labour and the (respectively) increasing number of employees with migrant backgrounds working in the Western care industry (also England and Dyck this volume). While these phenomena may seem distinct, we claim that they are analogous in some significant respects.

In the current political debates, “institutional” care settings, such as nursing homes, are commonly constructed as the most outdated, inflexible and ineffective means to provide care for older people (for these debates, Henriksson and Wrede 2008; Eräsaari 2011; Allen 2012). Correspondingly, deinstitutionalization, and the eradication of residential care settings, has been constructed as an answer to all these problems (Henriksson and Wrede 2008; Allen 2008; 2012). At the same time, as many researchers have noted (Timonen and Doyle 2009; Näre 2011; Dahle and Seeberg 2013; Gavanas 2013; England and Dyck this volume), policymakers and employers in the Global North have seen the recruitment of migrant care labour as a way of tackling the looming workforce shortages, which are mainly caused by the aging population. In Finland, for example, the number of over 64-year-old inhabitants is estimated to rise from 941,041 in 2010 to 1,272,818 in 2020 (Tilastokeskus 2012). These numbers have given policymakers a solid justification and incentive to drive reforms in care for older people (Wrede et. al 2008; Wrede et. al forthcoming).

At first sight, both redomestication and the intensified call for migrant care labour seem to stem from the apparent need to increase the “efficiency” of public care provision. Home-based care, especially, is generally considered cheaper than institutional care. Consequently, perhaps, at least in Finland, the number of people living in nursing homes has been sharply decreasing (Väyrynen and Kuronen 2013). Furthermore, research suggests that by cutting costs, political reforms have deteriorated the conditions of public carework and made carework occupations less appealing to the “native” care professionals (Wrede 2010; also Trydegård 2012). In this context, employers have depicted migrant, especially non-Western care workers as easier to recruit, especially to jobs of low quality and low pay (Shutes and Walsh 2012; Dahle and Seeberg 2013; Näre 2013; England and Dyck this volume). These trends and their consequences

have been documented in several studies, and have been connected to phenomena such as “transnational care-chains” (Isaksen 2010) and “migrant divisions of care labour” (Näre 2013).

Both getting rid of formal care institutions and the recruitment of migrant care workers can thus be interpreted as means to increase efficiency in public care delivery. Indeed, this interpretation is readily available and easily convincing. In Finland, policymakers have openly used economic arguments when promoting public care delivery reforms, such as deinstitutionalization (Wrede and Henriksson 2004; Eräsaari 2011). In this chapter, however, we demonstrate how the current reforms can also be framed in a very different way. While the rhetoric of cost-efficiency may appeal to policymakers, other stakeholders might require alternative interpretations in order to accept the reforms, and even more so if they are to promote them. In what follows, we examine how senior professionals in charge of public care delivery in the city of Helsinki struggle to warrant these alternative, less economically oriented interpretations. In this struggle, we argue, particular notions of “home-like” care environments and the stereotype of motivated migrant caregivers are socially pragmatic. With the help of these rhetorical resources, the current reforms can be reframed as not attempts to reduce costs, but as attempts to increase the quality of care and the well-being of the older (Finnish) people. These reframings, we argue, are functional for legitimating the ongoing reforms.

Significantly, the most functional notions of home-likeness and migrant caregivers seem to draw on the same source: the ideal of activation. In contrast to institutions that seem to imply routines, home-likeness can give a promise of activating older people in order to increase their independence (cf. Dahl 2012; Howe, Jones, and Tilse 2013). The more active the elders, it can be argued, the less they need help from their caregivers. The same applies to caregivers themselves: the more active they are, the less they are needed (Fejes and Nicoll 2012; Moffatt,

Martin, and Timmons 2013). By drawing on cultural stereotypes, migrant caregivers, in particular, can be presented as active, hardworking, entrepreneurial and flexible subjects capable of delivering care of good quality even in the context of scarce resources (also Shutes and Walsh 2012; Näre 2013). However, while the economic frame for the ongoing reforms seems highly convincing, these alternative, quality-centred interpretations may be more difficult to warrant. As we move on to demonstrate, their credibility depends on particular interpretations regarding home, older people, and migrant care workers.

## **Data and approach**

Our empirical data consist of 14 interviews with senior professionals working in the city of Helsinki. The interviews were conducted in 2011–2013 as a part of a larger research project<sup>1</sup>. The interviewees were employed in a residential “service centre” for older people and in different units of homecare. The terminology is interesting in itself. Similar settings can be described in different terms (Howe, Jones, and Tilse 2013). The “service centre,” for instance, might be called a nursing home: it offers continuing care together with housing and support services (while the homecare units only provide care). However, the Finnish term for the “service centre,” *palvelukeskus*, does not include any references to home, which is why, in this chapter, we prefer the literal, although somewhat clumsy translation. Terminology can confuse also because the same terms can bear different meanings in different contexts (Howe, Jones, and Tilse 2013). This brings another dimension of transnationalism in our analysis. Besides people, also ideas travel, and while they travel, they also change (Czarniawska, and Joerges 1996). In what follows, it seems evident that the interviewees draw on ideas that are “global” travellers. Our focus, however, is in the local use of these ideas.

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<sup>1</sup> The project was funded by the Academy of Finland (project number 251239). The interviews were conducted by associate professor Lena Näre, B.Soc.Sci. Miika Saukkonen and the first author.

The interviewees were all responsible for organisational developments, but they did not participate in frontline nursing. All except one had subordinates and all had their background education either in nursing or in gerontology. The interviews contained different thematic sections such as the interviewees' main tasks and their means to govern organisational functions, their ideas concerning the past, ongoing and future changes in public care delivery, and their relations with their subordinate care workers, especially care workers of migrant backgrounds. The participants were informed about the topics of the research prior to the interviews. The interviews were recorded and transcribed verbatim<sup>2</sup>. The following extracts, originally in Finnish, were translated by the authors.

Following Goffman (1959), the interviews can be examined as social situations in which the senior professionals were challenged to manage morally acceptable and still credible impressions of themselves and their work in the public care provision. It is easy to imagine how the interviewed senior professionals, like often employees in difficult situations, have to struggle in order to maintain a “habitable” (Brown and Lewis 2011 888) workspace and a sense of “moral agency” (Clarke, Brown, and Hope Hailey 2009). As a part of this struggle, they may have to translate the “wicked” problem (see Wrede forthcoming) of the ageing population into smaller problems that can be locally solved. While crafting these translations, they can draw on culturally available notions of “home” and on similar notions of “migrant care workers” (along with travelling ideas of care organization). In this chapter, these notions are examined as a part of everyday knowledge: as notions that are both relational and ideological. As relational notions, their meanings depend on their usage in particular relations (cf. Emirbayer 1997). As ideological notions, they can both maintain and hide societal power relations (cf. Hacking 1999)

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<sup>2</sup> In the transcripts, square brackets signal removed passages or added clarifications.

– even from their users themselves. Home, for instance, can mean many different things (Mallett 2004): a sphere of privacy (also England and Dyck this volume), a place of emotional belonging (Buffel and Philipson this volume), a site of relaxation (Mallett 2004), and so forth. Only some meanings, however, are functional for the ongoing care reforms – and for presenting them in persuasive ways. The same applies to the broad category of migrant care workers. In different contexts, for instance, migrant care workers have been constructed as flexible and compliant (Näre 2013), but also as difficult to control (Carter 2000). Different constructions, arguably, serve different societal functions.

### **The promise of active environments**

This subsection begins by demonstrating how the interviewees constructed home-based care – and also home-like institutions – as a necessary solution to the looming care deficit and, finally, as a desired means to increase the well-being of their older clients. The analysis then moves on to examine how the interviewees positioned their subordinate care workers, particularly care workers from migrant backgrounds, as a resource not only in the economic sense, but in a quest to better serve the older clients. What unites these themes is the powerful and appealing ideal of activation.

### **Activating older clients**

The interviewees were, of course, aware of the pressing issue of limited resources in public care provision. Taking care “back home” was at times presented as an effective way to resolve this issue, as in the following account.

Interviewer: [What do you think about] the future of elderly care in Finland?

Participant 4 (service centre): I would say that everything possible will be cared for at home. [...] The future is that there won't be places, not like this [...] when we are old, we will have to establish our own shared homes where we live together [...] and help each other.

In this, perhaps a bit cynical or a strongly realist account, the process of deinstitutionalisation is presented as a sheer necessity. "Home," in this context, is simply a house or a place of living that is located "outside of institutions," something that can be established for the sake of pragmatic, instrumental reasons (see Hunter this volume). Interestingly, the notion of a "shared home" entails an exception: it refers to the idea of a "home" as normally a private space (also England and Dyck this volume), something that is not shared – at least not with strangers. These "shared homes" are therefore different.

However, instead of presenting the process of deinstitutionalisation in terms of a sheer necessity, some interviewees were able to see deinstitutionalisation in the service of more positive principles, such as communalism (also Potter and Collie 1989).

Interviewer: Is it a good thing in your opinion that institutions are cut down and people are kept home?

Participant 3 (service centre): Yes. I prefer home above all. But you need to get help there in various ways. [...] For instance [...] we should start thinking about the cityscape, that we would have more communalism between people of different ages. That we would not be so alone but that we would have for instance houses with shared living rooms or spaces where children, elderly, lonely people and families can support each other.

When the interview continues, Participant 3 argues that older people with no offspring would in fact make a perfect match with families with children but no grandparents. Thus, while these new ways to organise care (for both young and old) might be an economic necessity, they might simultaneously serve all parties at stake. The ideas of “shared housing” and “multi-generational housing models” (Howe, Jones, and Tilse 2013) are clearly travelling ideas; they have been generated abroad and imported to Finnish care talk. Another travelling idea is the idea of a “small group home” (Howe, Jones, and Tilse 2013) which, like the idea of a “shared home,” is an exception to the idea of home as normally a private space. In what follows, however, these small group homes are presented as a positive development and, thus, in a very different tone than the shared homes in the first extract.

Participant 4 (service centre): In the future I think people with dementia will stay in institutions. Not others, those with cognition, they will stay home. And then we’ll need these small group homes, small group homes where everyone gets their own room. I would build a circular one and the rooms would be like this and then the communality that we have [here in our service centre], that is great. And the home-likeness.

In the above extract, communal and home-like environments are presented as valuable *as such*, without any reference to additional, such as economic benefits. In addition, the extract implies how the ideals of “home-likeness” can also be brought into institutional contexts, reducing the sharp distinction between homes and institutions. In the following account as well, Participant 6 from the service centre describes home-likeness as a guiding principle for her care organisation. Significantly, she associates home-likeness not only with communalism (see Buffel and Philipson in this volume), but also with particular home-like practices (see Mallett 2004). In a home-like environment people live a “normal” everyday life that is stimulating and



active. The task of the staff is to help the residents stay active – or to become more active. In the following account, Participant 6 talks about the recent developments in carework.

Participant 6 (service centre): If I think about our guiding principles such as this home-likeness, it has become more and more...and an example of that is that we don't have to work in...those institutional clothes. [Interviewer: Uniforms?] Yeah, uniforms, nothing like that, people wear their own clothes in here. [...] And just the kind of communality and that we are truly working in people's home in here, helping them. And perhaps a sort of, how shall I put it, a warmer culture somehow, that we are not working in an institution. And of course a huge thing is this [...] rehabilitative work approach...that we do not leave anyone in bed unless they are sick. For example if you have fever or flu or something, then you stay in bed and rest. But if there is no reason to stay in bed then we get everyone up and try to provide them with a stimulating life, normal everyday life, like you have, like you have normal everyday life at home, nothing more than that, life that is worth living.

In the above extracts, and in many other occasions, the interviewees were credibly able to portray home-like care environments in terms of improving the quality of life for older people. In these positive accounts, unlike in the cynical ones, “home” was no more a simple place of living outside of institutions, but a category associated with a number of positive principles. Importantly, these principles were not presented only as attributes of home, but also as more general attributes of high quality care (see Olakivi and Niska forthcoming). According to the interviewees, good care maintains and facilitates the clients’ “ability to function,” “activates” them and is “communal.” It takes care of their “individual needs” and their “freedom of choice.” It “listens” to the clients and lets them “participate.” It is easy to see how these principles align

with the above cited principles of home-likeness and “normal life” (also Howe, Jones, and Tilse 2013).

While these principles of good care may seem morally appealing, they also share another quality: none of them seem to require more money. Thus, they should suit the interests of the economically concerned policymakers as well. For instance, the change from “institutional” to “home-like” care in the target service centre meant, among other things, that the care workers began to dine together with the residents, instead of having lunch breaks on their own. Their working hours thus became longer than before. The turn to “own” instead of “institutional outfits” meant that they became responsible for purchasing clothes for work (although the expenses were, at least partly, subsidised in their salary). In a similar and perhaps more profound way, the ideals of activating clients and letting them participate can give a promise of cutting costs (Wrede and Henriksson 2004; Dahl 2012). As Participant 9 (homecare) argues: “The idea is that our customers’ ability to function will be so good that they won’t need assistance, and we will have enough nurses also in the future.” However, as in the extracts above, home-like care environments and the ideal of activation were often presented in a more positive way: as means to serve the well-being of the older people. Here the frame of cost-efficiency was effectively mitigated, just as were the potentially drastic effects of shutting down institutions in the context of the aging population (also Potter and Collie 1989). The same positive ideals, namely those of “warmer” and more active care environments, were also present in the interviewees’ talk about migrant caregivers. Again, these ideals seem to make the same promise: better care with less money.

### **Activating caregivers**

The home-like care organisation positions older clients as not only targets of care, but also as targets of activation. While the care workers activate their clients, the senior professionals, as they like to see themselves, activate the care workers (also Fejes and Nicoll 2012; Olakivi and Niska, forthcoming). At the same time, the interviewees generally acknowledged that the care workers were under pressure, and that their work-load was so heavy as to pose a threat to their well-being. Many interviewees, however, were also willing to see a problem in the care workers' attitudes (also Dahl 2012, Olakivi and Niska, forthcoming). For instance, Participant 5 from the service centre talked extensively about the importance of changing the work and care culture, and of getting rid of what she called a "washing culture" in which caregivers only *routinely* give the most basic care and nothing extra. The problem, according to her, was that care workers were accustomed to their old habits, or as she argued: "Although the work culture has changed, there are always those who keep resisting." In order to change the care culture, the service centre arranged yearly meetings for the staff to discuss the principles of good care. In the following extract, Participant 6 describes a meeting to discuss the principles related to "encountering residents."

Participant 6 (service centre): Again the staff was like "Well, it's all familiar to us but still very..." Like, good refreshment and a stimulus for thinking that "Yeah, this is how it really goes." People develop routines so easily, so [the aim is] to get rid of those routines and to remember that this is a home for the residents, and we ought to treat them in a certain manner, that we are here only to help them, so that it would not be like institutional and all. "We'll do it this way, because that's how we've always done it," that's not right at all.

In contrast to the routinized care worker, the *ideal* care worker, according to the interviewees, had an internal desire to work with older people – even in difficult conditions. As Participant 11 argued: “In homecare one has to be a particular kind of person to have the strength to carry on.” In the following extract, the ideal care workers are identified from the broad category of migrant care workers.

Interviewer: Why [have you consciously aimed to recruit people with migrant backgrounds]?

Participant 5 (service centre): Because in my opinion, they have the kind of qualities... That they respect older people, and it is innate in them...I mean, the innate conduct they have... I have had a lot of temps and all, and I have very good impressions.

Similar accounts were made in the other interviews as well (also below). By employing cultural stereotypes, migrant care workers were portrayed as inherently respectful, motivated, skilful and capable of working with older people (also Shutes and Welsh 2012; Gavanas 2013; Näre 2013), at least as long as they had “sufficient” language skills (also Näre 2013; Olakivi 2013). These expectations are perhaps one version of the flexibility that managers, together with policymakers and other stakeholders, seem to expect from migrant care workers (Wrede 2010; Gavanas 2013; Näre 2013). However, while many groups of migrants were presented as respectful and flexible, some others were portrayed the opposite (also England and Dyck this volume): as “routine-oriented” employees who “only do the requisite” (Participant 5, service centre), or as people who work by “following orders” and have “trouble learning to become self-steering” (Participant 4, service centre). Making these kinds of evaluations is perhaps a part of the interviewees’ job. After all, as people interested in quality improvements, one of their main duties is to recognise and realise the potentials in their employees, especially in the context

of “limited resources.” Making fine distinctions between different groups of migrants can appear as a skill of a devoted “diversity manager” (Zanoni and Janssen 2004). Perhaps the ability to make distinctions between migrants also helps to avoid an impression of stereotypical thinking: not all migrants are the same. However, the idealisation of *most* migrant care workers might serve another rhetorical function: if most migrants are nothing but “perfect caregivers,” then the new (international) recruitment policies are not only good for the economy or only a structural necessity (as might be argued), but are also good for the clients. In the last extract, Participant 4 goes carefully through the possible counterargument – recruiting migrant care workers might be bad for the quality of care – and labels it as groundless, at least as long as the care workers have good language skills.

Interviewer: What do you think will be the role of migrant care workers in elderly care [in Finland in the future]?

Participant 4 (service centre): I hope for more immigration, this, what do you call it, even already trained nurses who will be educated here, for additional education, or even for [full] education [in Finland] because we need this staff because our own staff is not enough. And I don’t think it will make things worse, if they have good language skills. I mean it all comes down to language skills. For example people from Asia, they have a really lovely attitude towards older people, they have the respectful attitude much more than we do, and the way they encounter [with older people].

Like the home-like care environments, migrant care workers can be presented not only as a structural necessity, but as a means to positively improve the quality of care in the context of “limited resources.” Moreover, just like the idea of home-like care environments, the above renewed stereotype of migrant caregivers seems to imply authenticity, which conveys a promise

of a condition in which things run their own, natural course. In this condition, all power relations are effectively mitigated: there are no losers since all stakeholders get what they most authentically need.

## **Discussion and conclusions**

In this chapter, we have examined how senior professionals in charge of public carework management in Finland envisage future ways for organising care for older people. For a long time, policymakers in Finland have suggested deinstitutionalization and the recruitment of migrant care workers as means to cut public spending, manage decreasing resources, and deal with the “problem” of the aging population. Home-care has been preferred as cheaper than institutional care, and migrant care workers as easier to recruit for menial jobs. In this chapter, however, we have demonstrated how senior professionals are able – and perhaps forced – to translate the quest for cost-effectiveness into a more persuasive, dynamic and less technocratic language. In these, perhaps necessary translations, the travelling ideas of home-like care environments, together with the ideal of active older people and the stereotype of motivated, migrant caregivers, are especially useful. They have the potential of pleasing many different audiences: both those interested in savings and those interested in the quality of care. However, to make this appeal, some qualities of home, together with some qualities of migrant care workers, must be highlighted, while others are played down.

In more cynical accounts, the interviewees defined home as simply a place of living that is not institutional. In these accounts, the process of deinstitutionalization was presented as a sheer structural necessity. In the more appealing and persuasive accounts, in contrast, home associated with many positive attributes (also Henriksson and Wrede 2008; Allen 2012) such as communalism (also Buffel and Philipson this volume) and family-like relations between

people of different generations. These family-like relations were in turn described in strictly positive terms – and not in terms of, say, power and potential oppression (cf. Mallett 2004). In a service centre context, the concept of home-likeness, instead of home, seems equally functional. Perhaps institutions could never pass as true homes. The notions of home-likeness, instead, are easier to warrant, but still have the same appealing potential. Indeed, considering the politically hegemonic status of home and home-likeness, reinventing “institutions” as “home-like environments” might even help to fight against their extinction.

In the context of residential care, home-likeness is not a new idea (see Paasivaara, 2002). In the current politics, however, there is clearly more at stake than simply the improvement of residential care provision. In the above cited rhetoric, “home” had a very particular meaning. In the talk of our interviewees, “home” and “home-likeness” implied normality, freedom, activity and stimulation (also Howe, Jones, and Tilse 2013) – as opposed to “institutional” routines. Not only are these definitions of home strictly positive, and thus mitigate the potentially unwanted effects of closing down institutions, but more particularly, by coincidence or not, they also seem to align with the (neoliberal) ideals of activation and the promise of self-managing older clients. In some other definitions, “home” might be considered as a site of relaxation (cf. Mallett 2004), not activity. Institutions, as well, could be criticized for many other reasons than routines (see Allen 2012). These constructions, however, would not serve the same political functions. Thus, although getting rid of institutions and creating home-like care environments might look like an appealing project, the way this project defines both home and institutions is far from arbitrary: it is in line with the need to reduce costs.

In the most appealing rhetoric, the “free” and “normal” home(-like) care was constructed as more authentic than institutional care. In the best case scenario, also the care workers were

authentically motivated to care for their clients. This scenario seemed to come true in the case of migrant care workers. Just like the idea of activation, the stereotype of the inherently motivated, committed and active migrant caregivers seems to serve a particular function; it gives a promise of better service with less money. Moreover, in a home-like care environment, the ideal care worker does not work for his or (mostly) her employer, but for his/her client. S/he does not work for money, but because of his/her authentic motivation to care. Thus, in the most extreme visions of home-like care environments, not only are the institutional routines eradicated, but all economic relations, along with the manager–subordinate and employer–employee relations, are effectively mitigated. While playing down economic relations, this rhetoric has the negative potential of also mitigating the labour rights of migrant care workers (also Näre 2013).

Ultimately, the notions of “activation,” “home-likeness” and “inherently motivated migrant care workers” all seem to draw on the same ideal of an “authentic” care environment that follows the “natural order of things,” runs by itself, and needs only slight and gentle facilitation by the State. In the US, there is already a term for a geographic area with a high density of older people: a naturally occurring retirement community (Howe, Jones, and Tilse 2013). In a way, the rhetoric examined in this chapter seems to take this ideal of “natural occurrence” to the next level. In this rhetoric, importantly, the reforms in public care provision do not take place in the name of efficiency, but in the name of the (authentic) well-being of the older clients. Migrant care workers, for instance, can be portrayed as ideal *agents* for the economy or the employers, but also for the Finnish elderly (cf. Meyer and Jepperson 2000). In fact, all the above described home and network building efforts seem to gain their legitimacy from the same source: they claim to serve the older Finnish people. At the same time, it should be noted that the older people are not always allowed to define their own needs; and at times, may not even be capable



of doing so. Other people may define their needs in terms that, by coincidence or not, align with economic needs. Thus, while we do not criticise the senior professionals, who only do what they can do in their difficult situation, it is worth noting that the means they suggest with which to serve their clients may not be the optimal, but only the best they can envisage in the context of “scarce resources.” However, if the professionals claim to serve the well-being of their clients only, and not economic principles at all, they may paradoxically end up legitimating reforms that might otherwise be considered undesirable – by their clients, by migrant care workers and, finally, even by themselves.

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